

This section to be completed by the applicant/participant

Date _____

Name of Head of Household

Unit Address				
Street Address	Apt. #	City	State	Zip Code

Telephone Number () E-Mail Address

Self-Certification of: ☐ Lack of sufficient financial resources and/or support networks and no subsequent residence has been identified; ☐ Fleeing domestic violence; ☐ Living on street or in shelter; ☐ Exiting from institution ☐ Other (please describe)

[illegible]

Certification: I hereby certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge, and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to verify homelessness, at risk of homelessness, income or other information hereby provided.

Client Signature: _____ Date _____

Intake Staff Signature: _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.